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Original Communications.

PUERPERAL CONVULSIONS AND ALBUMINURIA.

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CASE I.—*Pregnancy with great Albuminuria; Labor Normal.*—Mrs. A., aged 31, was in the ninth month of her second pregnancy when I first saw her, Dec. 23, 1870. One month previous to this visit, her family physician had been discharged for advising premature labor for albuminuria. I found the patient feeling as well as she ever did when pregnant; she was about the house, had no headache, dizziness or disturbance of vision; there was oedema below the knees, and occasionally under the eyes. Urine free and clear; specific gravity 1.026; nine-tenths albumen, with nitric acid at end of twelve hours; no casts or other deposit of importance. Advised to drink freely of acetate of potash water, keep her bowels in good condition, and await events.

Four days afterward, she was delivered of a healthy child, and both did well. Two years afterward, she was again confined, with equally good results, both labors being easy and natural.

CASE II.—*Convulsions following Labor; Albuminuria; Recovery.* *Dr. Geo. L. Underwood in Consultation.*—Mrs. B. had a short, easy labor with her second child, Saturday, Aug. 31, 1872. Did not lose over two ounces of blood during labor. She was of medium size, rather anæmic, and never strong; had been in her usual health during pregnancy; no dropsy, headache, or disturbance of vision; urine free, but not examined. As we were leaving the house, an hour after labor, she complained for the first time of a severe pain in the back of her head; in ten minutes, she had a convulsion. Applied ice to her head, and drew two ounces of albuminous urine. In half an hour, she had another convulsion. Pulse 66 before, and 98 after, the two fits; she did not regain consciousness between them. She was etherized for an hour; on removing the ether, she soon grew restless, her eyes and facial muscles began to twitch, and her pulse rose to 116. She was etherized again, and fomentations of digitalis leaves were applied to her abdomen. Three hours and a half after the first fit, three or four ounces of urine were drawn, an enema of brandy and milk with *twenty drops of laudanum* was given, and ether removed. She soon became sufficiently conscious to complain of a severe pain in the occipital region. In half an hour, she began to flow a little; pulse 76. She was quiet the rest of the night, and had some sleep; no more convulsions.

Sunday, P.M.—Has been stupid all day, but could be roused to take food, and to answer questions. Pulse 76; pupils normal; urine free;

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acid; specific gravity 1.022; heat gives six-tenths, and nitric acid five-tenths; albumen at the end of two hours; granular casts, epithelium and pus. Cream of tartar water *ad libitum*.

Monday.—Headache continues; cannot see across the room. Urine free; specific gravity 1.006; one-tenth albumen, with nitric acid at end of twenty-four hours; no casts.

Tuesday.—Not so stupid; headache easier.

Wednesday.—Brighter; vision better; milk present; lochia moderate; urine about normal. She improved steadily, but was two months in getting back to her usual health.

Had the laudanum anything to do in controlling the convulsions? We are inclined to think it did, from the fact that on removing the ether there were repeated convulsions, or convulsive symptoms, until the opium was given, and none afterwards.

CASE III.—*Puerperal Convulsions; Albuminuria; Forceps; Death of the Mother in Eleven Hours.* Dr. B. E. Cotting in Consultation.—Mrs. C., a small, pale, delicate woman of 19, fell in labor at full term with her first child, July 9th, 1873. At midnight, the os was dilated an inch, head presenting, pains good. She was about the room, appeared natural, and was courageous and hopeful. In answer to questions about headache, she said there was a slight pain in the back of her head; it was not severe enough to attract attention. She had been unusually well during her pregnancy; no headache, dropsy, disturbed vision, nor failing of strength. Urine free; not examined before labor.

At 3.30, A.M., July 10th, the membranes broke; the head was on the perineum, and labor seemed to be progressing naturally. She lay down upon the bed, had one pain and, without any warning whatever, went into a severe convulsion. She was immediately etherized, and the child safely delivered with forceps. The placenta came in ten minutes, and the uterus contracted well; no unusual hæmorrhage. After the labor was completed, the ether was removed; she soon became partially conscious, and said her head ached a little, but the severest pain was over the uterus, where she could not bear the slightest pressure. She soon had another fit, and never regained her consciousness. Ether was renewed, three or four ounces of albuminous urine were drawn, sinapisms were applied to the loins, and compound jalap powder was given; but the convulsions continued frequent and severe; first one side was paralyzed and then the other, alternately. She vomited everything taken. The treatment by venesection came before us in the consultation, but was not thought advisable. Urine secreted freely; two hours before death, four ounces of urine were drawn; that which was removed six hours before death was clear, rather pale; specific gravity 1.012; nitric acid gave one-half, and heat one-third, albumen at the end of twenty-four hours; there were a few granular casts, but no epithelium, pus, or blood, and at the end of twenty-four hours no sediment, except a slight cloudiness.

Between nine and ten, A.M., there was an alarming rise of the temperature; the skin became burning hot, and the pulse 120, and very weak; the lividity of the face became marked and permanent. Respiration stertorous. Convulsions continued and were of long duration. She failed rapidly, and died at 2.30, P.M. No autopsy.

CASE IV.—*Puerperal Convulsions; Version; Post-partum Hæmor-*

rhage; *Death of Mother and Child; Autopsy.* Dr. Read in Consultation.—M. E., a single, colored woman, aged 30, menstruated for the last time the first week in September, 1872. She fell in labor May 28, 1873. At 7, A.M., the os was dilated an inch; head presenting, membranes entire; pains moderate; pulse normal; no headache; bowels regular, and urine reported free.

At 1, P.M., she had had two convulsions; labor not advanced at all; conscious, but restless; respiration hurried; pulse about 80; no headache, or pain in epigastrium; no disturbance of vision, nor had there ever been any. She had passed two ounces of dark-colored, cloudy urine; specific gravity, 1.035; heat and nitric acid solidified it; it contained granular casts, epithelium and blood. She was kept etherized two hours, but the fits returned as often as ever, in spite of the anæsthetic.

At 4, P.M., version was performed and a dead child delivered. Hæmorrhage not excessive; uterus contracted well; pulse 120. She never fully regained her senses; after the ether had passed off, she had convulsive motions of eyes and limbs, though no distinct fits. Ergot, brandy and laudanum were given freely. An hour after delivery, the uterus began to relax, and a slight dribbling hæmorrhage set in; ice was applied externally and internally with temporary benefit. Three hours later, she became restless; pulse 128. Uterus injected with a solution of liquor ferri perchloridi, one part to three of water. She had lost not over six ounces of blood since the birth of the child. Hæmorrhage ceased, but she never rallied, and died seven hours after delivery.

Autopsy eighteen hours after death. Uterus seven inches long, four inches wide, and two inches thick; walls an inch thick, moderately firm, neither softened nor friable; sinuses mostly arranged in a row, one quarter of an inch from the inner surface of the uterine walls. There were eight fibrous tumors, varying in size from a pea to a pullet's egg; three of them were interstitial, the others sub-serous; they were all above the cervix. The cavity of the uterus contained about an ounce of shreddy clots, but no fluid blood; neither was there a vestige of placenta or membranes; the clot was firmest at the extreme fundus, where the injection flowed from the catheter. No laceration of uterine tissue; placental site at fundus smooth, and slightly raised.

Ovaries apparently healthy.

Left kidney pale and undersized; cortical and medullary portions poorly defined, and the pyramids not distinct; not friable. Right kidney of normal size and consistence, but of a bright red color; the different portions well marked. Both capsules normal. The tubuli of left kidney loaded with granular matter and fat. Other organs not examined.

CASE V.—*Puerperal Convulsions; Albuminuria; Premature Labor; Treatment, Sulphate of Morphia; Recovery of Mother.* Dr. Geo. L. Underwood in Consultation. Mrs. F., aged 22, a small, rather delicate woman, came under my care Oct. 2, 1873. She was eight months gone in her first pregnancy. She complained of weakness, headache, dizziness and vomiting; there was general œdema; appetite poor, bowels regular. Urine free, pale and cloudy; specific gravity 1.020; one-half albumen, with heat and nitric acid at end of twelve hours; an occasional granular cast. She was ordered ten grains of compound

jalap powder daily, and a drachm of bicarbonate of potash three times a day. All the symptoms improved a little during the next fortnight.

Oct. 18, Saturday.—Patient has been vomiting two days; the headache has increased till, this afternoon, it became so violent that she has been delirious most of the time; very restless, and conscious only for a moment. Has passed three pints of pale urine to-day. Pulse 80; no signs of labor. Ordered half a drachm of bromide of potassium with fifteen grains of bromide of ammonium every hour; ice to head. In consultation, it was decided to try and bring on labor by passing a bougie into the uterus and plugging the vagina; this was done, the bougie entering the uterus only four inches. In an hour, she was much worse, and no signs of labor; head and eyes drawn to the left; more restless and delirious than ever. She soon had three severe convulsions without regaining consciousness. She was etherized by Dr. McCollom. The os was then dilated with the hand, and a dead child delivered with forceps. Uterus contracted well. Pulse 128. Labor completed at 3, A.M., Sunday.

At 9, A.M., pulse 96; patient rational, but drowsy; very thirsty; urine scanty and high colored; two-thirds albumen with nitric acid, after five hours; granular casts and blood corpuscles. Vision normal. Tincture of digitalis with squills was given every two hours; cream of tartar water *ad libitum*.

1, P.M.—Pulse 28, weak; violent headache; head and eyes drawn to left; vision double; semi-conscious, and exceedingly restless; in short, the symptoms were precisely like those preceding the convulsions, and another fit seemed imminent at any moment. I gave her an eighth of a grain of *sulphate of morphia* subcutaneously.

6, P.M.—Pulse 100. She became quiet soon after taking the hypodermic injection, and in half an hour was asleep; now quiet and comfortable, and has been asleep half the afternoon; headache nearly gone; a marked change from five hours ago. Ordered the same quantity of morphia to be given by the mouth, if restless or in pain.

Monday evening.—Pulse 104; a comfortable day; took one dose of the opiate last night, none since; no vomiting; she takes liquid food freely; œdema diminishing; vision better; urine free, pale and cloudy; specific gravity 1.008; no deposit with heat or nitric acid; pus and epithelium; no casts.

Oct. 23, Thursday.—Pulse 120; severe headache; breasts swollen and painful; mind and vision normal; lochia made its first appearance yesterday. She has passed one pint of urine in twenty-four hours; this was examined by Dr. Buckingham, who reported as follows: "Cloudy, without froth; after six hours, still cloudy. Deposit one-eighth inch in depth; fluid above has reddish-yellow tint; specific gravity 1.020; strongly acid; urea diminished; chlorides normal; albumen abundant. Microscope shows abundance of pus cells; a few blood corpuscles; nothing else to be seen, perhaps from abundance of pus."

Her convalescence was long and tedious; the headache persisted, being at times very severe; œdema soon disappeared; urine always pale and cloudy, and sometimes slightly albuminous. Leeches, iron, quinine, bromides, chloral and digitalis were used. Nothing would stop the headache but morphia, and that never failed; she took one-twelfth of a grain, from one to three times a day, as needed, and always

with relief. Seven weeks after confinement, the urine was scanty and bloody for twenty-four hours; this was accompanied by a severe headache, which terminated in a convulsion; morphia, subcutaneously, relieved her.

Six months after delivery.—Mrs. F. is about and able to do light work, but is not as well as before her pregnancy. No emaciation; no cedema, unless a trifle in her feet; has more or less headache, frontal and occipital, nearly every day. Urine normal in quantity; pale and cloudy, and neither heat nor acids clear it. Specific gravity 1.032; acid; urea normal; no albumen. Microscope shows a few pus cells and vaginal (?) epithelium; no casts or crystals.

In a majority of cases of puerperal convulsions, there is albuminuria; and for a long time the latter was supposed to be the cause of the former. At present, there seem good reasons to believe that, in some cases, at least, this is not a fact, but that both are due to some common cause, as, for example, an abnormal condition of the blood. This idea is based upon the fact that in a number of cases of puerperal convulsions there never was any albuminuria, nor other symptoms of renal lesions; that, frequently, convulsions do not occur in cases of marked albuminuria, even when due to chronic Bright's disease; and that in many cases where careful and repeated examinations of the urine have failed to find albumen, and there have been no other signs of albuminuria, convulsions have occurred, and afterward the urine has been found loaded with albumen (Barker, Roberts).

On the other hand, it is proved beyond a doubt that the greater the improvement in the albuminuria and uræmic symptoms, the less is the liability to convulsions. Dr. Tyler Smith went so far as to say that they could always be prevented if treatment be properly used before the end of gestation.

Practically, then, we are to watch for albuminuria. This condition may exist without uræmia, but there are seldom uræmic symptoms without albumen in the urine. Hence, if the patient has headache, impaired vision or hearing, cedema of face or upper extremities, pain in epigastrium, or vomiting, or suddenly becomes very nervous and irritable, the urine should be carefully examined. It would be well, though hardly practicable, to occasionally examine the urine of all our patients during the last months of pregnancy; we then might be spared the regret which we all must feel in cases like II., III. and IV.

The prophylactic treatment of convulsions before labor consists of saline and hydragogue cathartics, tonics, diuretics, venesection. Should these fail, as they often will, if uræmic symptoms are at all severe, and the patient be near her full time, we should induce labor, controlling the above symptoms with morphia or ether, or both. After labor, we should rely on morphia, ether and venesection; the latter should be used were there symptoms of cerebral congestion, as in the third case, toward the end. I regret that that patient was not bled when those symptoms appeared, and also that opium was withheld at the commencement of the convulsions, though either measure might not have changed the result. The fifth case made a strong impression, and went far to remove the old feeling that opium is dangerous in uræmia. Drs. Fordyce Barker, John T. Metcalf, A. L. Loomis and F. D. Lente all speak in the highest terms of the use of opium in uræmic convulsions. "It is my firm belief that the hypodermic administra-

tion of morphia is the most efficient means yet known for allaying that irritation of the spinal system which culminates in convulsions, and that uræmia does not contraindicate the use of this agent." (The Puerperal Diseases, by Fordyce Barker.) Dr. Loomis, in the *Medical Record*, Aug. 1, 1873, gives the histories of ten cases of uræmic convulsions, three of them puerperal, and refers to seven other puerperal cases, all treated with morphia with good results. In one remarkable case of non-puerperal convulsions, the patient took three grains of morphia, hypodermically, in twelve hours, with benefit. The convulsions were controlled in every case, and in no case were there any bad effects from the drug. We doubt if any other treatment can show such favorable results in cases of like severity.

In the paper above alluded to, Dr. Loomis concludes, "First, That morphine can be administered hypodermically to some, if not to all, patients with acute uræmia, without endangering life. Second, That the almost uniform effect of morphine so administered is, 1st, to arrest muscular spasms by counteracting the effect of the uræmic poison on the nerve centres; 2d, to establish profuse diaphoresis; 3d, to facilitate the action of cathartics and diuretics, especially the diuretic action of digitalis." He recommends that it be given, in small doses, hypodermically, often repeated, and pushed to a sufficient extent to control the convulsions, without regard to respiration or pupils.

CASES OF DRAINAGE FROM THE CUL-DE-SAC OF DOUGLASS AFTER OVARIOTOMY.

By GILMAN KIMBALL, M.D., of Lowell.

(Continued from page 523.)

CASE IV.—Mrs. K., of Cummington, Mass., 47 years old, of strong constitution, has had one child; has had ovarian disease of three years' standing; was tapped fifteen months ago; the cyst re-filled slowly; abdomen now greatly distended, and attended with much suffering. General emaciation, œdema of lower limbs, and other characteristic symptoms show the system to be seriously impaired. She has taken some medicine, but with no benefit, and, having no hope of relief by such means, resolves to have the disease removed by an operation.

Operation, performed the 15th of October, 1868. An exploratory incision, three inches in length, brought to view a single and non-adherent cyst. After evacuating it of twenty pounds of albuminous fluid, an attempt was made to dislodge it. Finding it disinclined to yield, the incision was enlarged, and, upon further exploration, it was discovered that there was no pedicle; that the cyst was attached to, and identified with, the entire broad ligament of the left side; that it also took in the fundus of the uterus.

The operation had now gone too far to admit of retreat, and its completion became a matter of necessity. The parts to be divided in this process had a breadth of not less than six inches, and a portion of the same, as before stated, was identified with the uterus. The clamp in such a case was, of course, quite out of the question, nor could so large an amount of tissue be advantageously embraced in ligatures, as they are ordinarily applied in dealing with a pedicle; it was therefore di-

vided into six sections, and each section was embraced in a separate ligature. The cyst was then cut clear of its connection with the broad ligament, the incision being carried from its outer, or iliac border, quite up to its attachment to the uterus. Finally, the uterus itself was cut through its centre, having been first transfixed by a strong double ligature, and each half tied separately. Several of the ligatures attached to the outer section of the broad ligament were cut close; those nearer the centre, as well as those attached to the uterus, were carried downward through the posterior uterine cul-de-sac and out by the vagina. To render the purpose of this arrangement more effectual, that is, to provide, as far as possible, a free outlet for any future accumulations in the pelvic cavity, the ligatures last referred to, instead of being drawn through a mere puncture, were lodged in a silver canula, which had been carried up behind the uterus into the recto-vaginal cul-de-sac by means of a long trocar, the trocar and canula having been made specially for this purpose. The advantages of this modified method of disposing of the ligatures were subsequently made apparent in a most satisfactory degree.

As was to be expected after so severe an operation, there came on, in the course of twenty-four hours, decided indications of peritonitis, characterized, as they usually are, by vomiting and tympanitic distention. These symptoms continued for three days; by this time, there came on a pretty free flow, through the canula, of bloody serum, and in connection with this event there were also several free discharges from the bowels. The vomiting now ceased entirely, and the tympanitic distention gradually subsided, so that in the course of a few hours it could scarcely be noticed. After this, convalescence went on rapidly. The discharge through the canula continued in a greater or less degree for more than a week, and generally it was very offensive. Its characteristic in this respect, however, was materially improved by frequent injections, through the canula, of warm water and chloride of soda, one part of the latter to twenty of the former. Except in this particular, the treatment of the case was the same as in other cases of a favorable character. The canula was withdrawn at the end of one week; the discharge gradually diminished, and in less than a fortnight ceased altogether. The ligatures came away at the end of six weeks. The patient is now in perfect health.

The points of interest in this case are obvious: first, the form of the disease as regards its manner of development, to wit, its involving not only the entire broad ligament of one side, but also a portion of the uterus, with which it was so identified that the removal of a portion of this organ was found necessary in order to complete the operation. This complication, however, is not referred to as a single occurrence. It has been met with in four instances in my own experience, and with proportional frequency, no doubt, by other operators. In two cases of my own, the cyst had for its base both broad ligaments and the fundus of the uterus; twice (the case in question one of them) only one broad ligament was implicated; the remaining one of the two last referred to was not of ovarian origin, but a cyst developed between the folds of the broad ligament. In every instance, except the one under consideration, the operation of removal proved fatal.

The second point to be considered is of practical interest. In two respects the operation was executed in a manner different from that

observed in either of the three above named: first, the dividing off the great breadth of tissue to be severed into small sections, and embracing each section in a separate ligature, thus obviating what is undoubtedly a frequent source of harm, an inordinate and injurious strain upon surrounding parts; secondly, the hitherto untried method of disposing of the ligatures, a method in principle the same as that described in the Portland case, but decidedly more efficient in regard to the special advantage it was intended to secure. It is easy to see that a mere puncture through the floor of the pelvis, occupied by only one or two threads, might remain so tightly closed that much mischief might occur before the fluid accumulated behind it could force itself through; and even after it had done so, the outlet might prove itself altogether inadequate to fulfil the purpose for which it was made. On the contrary, by the canula arrangement, a provision is made whereby all accumulations, as soon as formed, may find a ready and ample outlet.

Upon the general question, whether it might not be well, in *all* cases, to dispose of the pedicle and ligatures in the manner just described, I am not yet prepared to express an opinion. In every instance, however, where from any cause there is reason to apprehend collections in the pelvic cavity, in cases complicated with ascites particularly, an opening through the vagina, according to the plan set forth in the foregoing case, can hardly fail to be of immense advantage. Indeed, it would seem to be the only means of successfully overcoming one of the most serious difficulties connected with ovariectomy—a difficulty not unfrequently met with, and one which, as often as it does occur, is too apt to lead to a fatal result.

Great advantage is sometimes obtained by *washing out* the peritoneal cavity, after the manner first suggested and put in practice by Dr. Peaslee, of New York. A timely resort to this process has undoubtedly been the means of saving patients who would otherwise have succumbed to the effects of blood poisoning. While cases will continue to occur where the same process will prove incalculably valuable, it is also quite clear that in certain cases, where from mere gravitation or some other cause, poisonous collections will take place so low down in the pelvic cavity, that the ordinary process of syringing through the abdominal incision will be of little or no avail.

It is true, that sometimes, in this state of things, the presence of fluid having been unmistakably determined by an examination through the vagina, a puncture in that direction, through the floor of the pelvis, will afford effectual relief. It must be admitted, however, that oftentimes, before a resort to this measure has been decided upon as a necessity, the mischief it was intended to obviate may have been already wrought—that septicæmia has become fully established—and thus the case put quite beyond the reach of remedy. It was to meet this difficulty, or rather to anticipate it, that the plan of primarily providing an effectual outlet through the vagina first suggested itself. The practical results of this plan of procedure have been entirely satisfactory.

(To be continued.)

Progress in Medicine.

REPORT ON DERMATOLOGY.

By J. C. WHITE, M.D.

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Furuncular Inflammation.—Kochmann publishes (*Archiv für Dermatologie und Syphilis*, 3. u. 4. Heft, 1873) a valuable contribution to our knowledge of the nature of furuncle and carbuncle. The differential diagnosis between them may be established by the following points: The furuncle is a conical tumor, well defined, and with an elevated base; the carbuncle is flat, scarcely raised above the surface, and blends with the surrounding tissue in a diffused and irregular shape. The furuncle is small, at its largest of the size of a walnut; the carbuncle is larger, at least of the size of a franc, and may reach that of the hand, or a soup-plate. The furuncle, naturally, soon becomes soft, shows fluctuation at its tip, and discharges pus and, later, a small core of dead cellular tissue; the carbuncle is doughy, hard to the touch, and, should softening take place at the centre, a thin, purulent ichor generally oozes from several holes in its summit, and, later, after mortification of a corresponding portion of the skin at its centre, large, dead shreds of cellular tissue are discharged. The opening at the tip of the furuncle looks as if cut out with a punch; the carbuncle appears like a crater. The furuncle is painful to every touch; the carbuncle slightly, and often not at all, even to pressure. The furuncle causes but slight spontaneous pain, and but little or no disturbance of the general condition; the carbuncle is more painful spontaneously, and always makes a more or less serious impression upon the economy. The furuncle is very seldom solitary, and often occurs in great numbers, as many as 100 or 200 occurring either all at once or in succession; the carbuncle is always a solitary swelling, never, or, at least, in extraordinary cases only, do two occur upon the same individual. The carbuncle may, however, be accompanied or surrounded by a number of furuncles. The furuncle may occur everywhere; the carbuncle is never, or with great infrequency, observed on many parts of the body.

That furuncle and carbuncle often occur as complications of the affections of other organs is well known, and it is explained by Kochmann on the ground of their pathological anatomy, the process, according to his view, always beginning as an inflammation of either the sweat or sebaceous glands. In diabetes, furuncular inflammation is especially common. When the intimate and very extensive connection which exists between the capillary system and the sweat glands is considered, it will be easily understood how readily changes in the character of the blood might affect these organs in this disease. First, the irritation from the presence of the sugar in the blood; then the great diminution in the quantity of circulating water (the cause of want of perspiration, or dry skin, in diabetic patients) and consequent thickening of the blood, must cause disturbances in the perspiratory system, which would easily lead to inflammation. Wagner recognized three possibilities in the connection between the diabetic condi-

tion and furuncular inflammation: first, the melituria is either the near or the remote cause of the skin affection; or, secondly, the inflammatory affection produces the occurrence of sugar in the urine; or, thirdly, the skin disease and melituria are the results of a common cause. These propositions Kochmann is not prepared to accept, at least so far as regarding carbuncle and furuncle as a cause of diabetes, and offers the following himself: 1. The frequent development of furuncle or carbuncle which precede diabetes is not the cause, but an earlier symptom of a diabetes which had been previously latent. 2. When furuncle or carbuncle occur in the course of an already recognized diabetes, either a diminution in the excretion of the sugar by the kidneys, or an exacerbation in the disease, may be determined. The relations between furunculosis and melituria are so well established that an examination of the urine in aggravated cases of the former should not be neglected.

In uræmia, furuncle is not unfrequently noticed as an accompaniment, especially in cases which present a mild character, and promise, from the beginning, a favorable termination. The latter and the furunculosis are, according to Kochmann's theory, due to the same cause, for when the sweat-glands act at an early stage vicariously for the kidneys the uræmic symptoms are so much diminished, but the retained elements of the urine acting as an irritant upon the sweat-glands produce in them the furuncular inflammation. Furunculosis, therefore, is to be looked upon as a favorable symptom in uræmia.

In septic pyæmia, too, the appearance of so-called critical furunculosis may be explained by a similar effort on the part of the sweat-glands to throw off the poison from the blood. So in rheumatism, the exanthemata, pneumonia, typhus and various other affections, conditions are found which lend support to these views of the pathological anatomy of furuncular inflammation; that it is, in the beginning, always an affection of the sweat- and sebaceous-glands, and not, as has been generally believed, of the cellular tissue.

Herpes gestationis.—Dr. L. D. Bulkley, of New York, describes, under this name, a rare affection of the skin, which he believes to be peculiar to pregnancy. In addition to his own, he has collected the records of nine almost similar cases, and sums up their peculiar features as follows:—

There is an affection of the skin directly dependent upon the gravid state of the uterus, which may make its appearance at any period of gestation up to the seventh month, and generally continues until the organ is emptied of its contents, and has, in a measure, resumed its former state; this eruption is very apt, moreover, to recur at each successive conception.

The cutaneous manifestations are chiefly an intense irritation, consisting of burning, itching, or stinging, and sometimes pains, with the development of erythema, papules, vesicles, and bullæ up to the size of a hen's egg, the majority of the blebs, however, seldom surpassing in size a large bulla of herpes. These vesicles are commonly in groups, but do not follow any definite nerve-tracks, appearing first, generally, on the extremities, and afterwards involving the larger part of the body. Exhaustion may ensue from the cutaneous irritation, but the disease is non-febrile.

The eruptive disease does not terminate at once after delivery, but

slowly retrogrades by the development of fewer and fewer vesicles at increased intervals, until the disposition thereto ceases entirely. An outburst of greater or less severity is most likely to happen on the third day; it is rare for any manifestations of the disease to remain a month after parturition.

This affection is sometimes accompanied or followed by other neurotic manifestations, as erythema, urticaria and neuralgia, which may continue in the interval of conception, while in many instances the patient experiences perfect health in the *interim*.

This eruption has occasionally been the first indication that impregnation has taken place.

The majority of cases have been uninfluenced by treatment, relief occurring only on the emptying of the uterus.

The children are not, as a rule, affected by the eruption in the mother, although in one case it was accompanied in two instances by a still-birth; here, however, the first eruption was followed by the delivery of a living child, whereas the second conception gave a still-born child without any maternal eruption.

This affection should not be confounded with one occurring in pregnancy observed and described by Hebra, an account of which was given in the June Report of 1873. It is difficult to place the disease definitely. A recent study of an identical case occurring in this city leads to the opinion that it is more closely allied to vesicular eczema than to herpes.

Purpura.—Dr. Humbert-Mollière, of Lyon, communicates to the *Annales de Dermatologie et de Syphiligraphie*, 1874, a long article on the hæmorrhagic form of purpura called by the Germans *morbus maculosus Werlhoffi*, which is based upon the observation of ten cases, which are given in full. He comes to the following conclusions: The disease of Werlhoff is not an individual affection like acute rheumatism and the eruptive fevers. The eruptions of purpura are met with in a great number of diseases, in persons of the most varied constitution, and in conditions varying from perfect health to the most advanced cachexia. The cause of these hæmorrhages may be attributed in a great number of cases to an innate or acquired fragility of the capillaries of the skin and mucous membranes. This fragility varies greatly in individuals. The alteration of the blood in consequence of any disease will only increase the chances of hæmorrhage. With regard to treatment, the use of mineral acids (*Eau de Rabel, élixir acide de Haller*) has always given excellent results.

Die Sensibilitäts-Verhältnisse der Haut.—Dr. M. Bernhardt, instructor at Berlin, has published under this title a series of charts and tables illustrating the relative sensibility of the skin on thirty-nine different points of the body to the various impressions of electricity, temperature and pressure. They form a simple and graphic standard, by which the amount of variation from the normal condition in various diseases may be readily determined by the practising physician.

Pruritus hiemalis.—Dr. Duhring, of Philadelphia, gives, in a pamphlet bearing this title, a description of a very common affection, but of which he speaks as "an undescribed form of pruritus." In New England there can be no doubt as to its long recognition and very frequent occurrence. It is that itching state of the skin, principally affecting the legs at first, which comes on with the approach of cold

weather in autumn, continues with many persons throughout the winter, and recurs annually at the same season. Upon the itching, follow scratching and, secondarily, various lesions of the skin, mainly excoriations, but often serious and obstinate eczema. The sensations in the skin are most intense at night on undressing, and on days when the atmosphere is driest and coldest. It is as common, perhaps, as is "prickly heat" in summer, and is possibly more prevalent in the country than in the city, inasmuch as a greater difference between the temperature of sitting rooms and sleeping chambers exists in the former. Dr. Duhring's description of the affection (one of the most common forms of pruritus cutaneus) is very interesting.

Mycosis fungöide, or Cutaneous Lymphadenitis.—Demange, interne of Saint-Louis, reports (*Annales de Dermatologie et de Syphiligraphie*, tome cinquième, No. 2) a fatal case of the affection, which has received from the French the above title, and gives an analysis of three cases in which a study of the diseased tissues has been made. In all the cases, the absence of anterior syphilis was established. The beginning of the affection is insidious, consisting generally of appearances upon the skin resembling patches of dry eczema, which are scattered over the surface, and may last an indefinite time. After a variable period, during the existence of the primary efflorescence or months after its disappearance, the characteristic fungoid tumors show themselves. They appear to develop within the skin and project above it. They are hard, elastic, and, ordinarily, slightly vascular. The skin above them is smooth, tense, and wholly deprived of hair; at other times they are violet or red, and resemble a ripe tomato. The cutaneous sensibility is but little changed. They grow rapidly, and may acquire the size of a nut or an orange. They are generally isolated, but may cohere at certain points. They never have a pedicle. When they have attained a certain size, their development is arrested, and some grow smaller and may entirely disappear, while others, generally the largest, soften and ulcerate. This is the most characteristic phase of the disease. Death always occurs from the progress of the cachexia, and is without complications. The characteristic anatomical lesion consists in a new formation of lymphatic tissue infiltrated within the meshes of the cutis, and recognized by the two elements—the reticulum and the lymphatic globules. Ranvier recognizes three forms of disease—lymphadénie liénale, or leucémie; lymphadénie ganglionnaire, or adénie; and lymphadénie cutanée, or mycosis fungöide.

PILLS OF THE ARSENIATE OF IRON.—As arsenic is, in many cases, our sheet-anchor in the treatment of various forms of cutaneous disease, it will be well to bear in mind, from a recent number of the *L'Union Pharmaceutique*, Bielt's method of preparing pills of the arseniate of iron, to wit—

Arsenate of iron, 15 centimetres;
Extract of hop, 4 grammes;
Liquorice powder, 2 grammes;
Orange-flower syrup, enough. M.

Divide in 48 pills. Each pill contains 15 milligrammes of the arseniate of iron, and the dose is one pill daily.—*The Doctor.*

Bibliographical Notices.

A Treatise on Therapeutics, comprising Materia Medica and Toxicology.
By H. C. WOOD, JR., M.D. Philadelphia: J. B. Lippincott & Co. 1874.

So many works on therapeutics have been published of late, that we are rather surprised to find any one willing to take up the subject again. Yet the object proposed by Dr. Wood in his preface presents a proper explanation, and will tend to lead many physicians, however skeptical they may be in regard to the reputed cures, usually ascribed to this or that medicine, to read a work on therapeutics written with a desire to supply the "need for a book into which should be gathered the many scattered facts in regard to the physiological action of medicine—a book in which an attempt should be made to sift the true from the false, to reconcile seeming differences," &c. This book is evidently the result of an extended research in the literature of drugs, and especially that of physiological experimentation. Whether the busy practitioner would allow the denial of a popular fallacy, "that drugs do not act upon the lower creatures in the same manner as they do upon man," he certainly will hardly feel justified in asserting the fallacy until he has carefully examined the testimony which Dr. Wood has laid down in this book, or the original work of experimenters, so constantly referred to in every medical journal in the world. It seems as if man felt in some degree a sense of degradation by supposing that drugs affect the lower animals in the same manner as they do himself, or else that the theories which have freely and carelessly been set up in the laboratory fail at the bedside. It might, perhaps, have added authority to the book if Dr. Wood had attempted more fully to confirm the physiological by comparison with the clinical effects of drugs. However, his idea would seem to be that clinical results are less scientific than those obtained on healthy men and animals. We most heartily concur with the writer in this view. Hence the proper inference would be that studies on healthy animals have more authority than observation of the effects of drugs in diseases.

No one objects to the teachings of physiology based upon a comparative study of the functions of the organs in living animals; and it is pretty generally admitted that the part of physiology which has been derived by ablation of organs in living animals and by the phenomena thus presented, is certainly not so precise and less scientific; for example, the removal of certain portions of the brain, and the study of the phenomena thus presented, are received, and justly so, with less confidence than where the functions of an organ have been actually observed during life; as, for instance, the movements and reddening of the mucous membrane of the stomach and intestines during the digestion of food. Physiology also owes its present position of advance to the comparative physiology of different species of animals. Then why may not we advance, by the same means, the knowledge of the physiological and therapeutical action of drugs? This is Dr. Wood's plea, and we think it sound.

With regard to the evidence adduced in his work, there may be, and probably with good reason, a difference of opinion. For example, on page 101, in a discussion of the advantage of the injection of ammonia-water into veins for the relief of snake-poisoning, we find a distinct disagreement between Dr. Halford and Dr. Fayer. The fact seems to be overlooked that different kinds of snakes were used by each of these observers, and that the circumstances of the experiments were different. Having introduced the question of the use of ammonia in snake-bites, Dr. Wood would have done more service to the cause which he has espoused, namely, the founding of a system of therapeutics upon a scientific basis, if he had more freely discussed the merits of the results of each observer, instead of dismissing the subject by stating that "the real value of the remedy must, therefore, be considered as yet undetermined; but, as the injection can do no harm, it should be practised."

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&c. With the small amount of information contained in this book, a practitioner might naturally hesitate before injecting into the veins a solution of ammonia. The toxicological action of this drug is quite freely stated, and might lead a person to judge that the dangers of the injection are rather more than they in fact are.

Inasmuch as Dr. Wood has classified ammonia among cardiac stimulants, one might infer that an explanation of the benefit of ammonia in snake-bites is caused by the stimulating effects on the organs of circulation.

The article on alcohol may not perhaps please those members of the medical profession, who are advocates of strict abstinence from alcoholic medication, and we are happy to see due prominence given to the fact that those who are habitual drinkers of alcoholic stimulants show less modifications of animal heat; this fact accords so closely with the effects of the use of alcohol derived by clinical observation, that it should be accepted as a useful basis for the indication in the anti-pyrexia treatment. Still, we must confess some surprise that not more notice has been taken by Dr. Wood of the recent papers of Parkes, Anstie and Binz upon this subject of alcohol, and also the experiments of Prof. Socin (*Kriegschirurgische Erfahrungen: gesammelt in Carlsruhe*, 1870 and 1871, Leipzig) with regard to the treatment of pyæmia, erysipelas, &c., in the military hospitals, during the late Franco-German war.

With regard to its effects upon oxidation of tissue and to the elimination of urea, we think a more liberal discussion might have properly been given of the opposing views, for upon this very fact Dr. Wood bases his explanation of the advantage of alcohol as a food substitute in certain febrile conditions.

We notice that opium is classified under a new heading, Analgesics, and that there is no classification of Narcotics. We expect, with every new work on therapeutics, to find a new classification, and as Dr. Wood founds his system of classification upon direct teachings from experimental physiology, he must, of course, drop the old class of narcotics. The imperfection of the science of therapeutics thus becomes more and more apparent, and yet it must most certainly be acknowledged that the system of two general divisions, one including those "substances which act on the solids and fluids of the body," and the other those "substances which act externally to the body," is certainly both useful and convenient. Again, the subdivision of the first general division into general and local remedies follows very naturally, and these into the various classes, according to their physiological effects. Dr. Wood very properly remarks that any system is only a "convenient row of pegs upon which to hang our ideas and facts."

Still, the disadvantages of any classification are very great. Opium, for instance, is not a simple, but a compound drug, made of different active principles or alkaloids, which vary in their effects upon the functions of life; and, consequently, though the compound is an analgesic and a hypnotic *usually*, the alkaloids do not always have a similar action when taken individually. The embarrassment of arranging in this class those drugs which relieve pain, is also increased by the fact that the class of anæsthetics also relieve pain, and yet must be separately treated. Perhaps it is very unfortunate for medical writers that our nomenclature is too *precise* for any proper system of classification of drugs according to their effects.

We rather question the usefulness of introducing so much toxicology in a work on therapeutics. It would seem as if, by attempting to include all that was desirable, Dr. Wood has collected too much. The action of poison on man is so extended a subject that it would have been better not to have connected this with therapeutics, because in stating these poisonous effects it is almost impossible not to prescribe the remedies to be used. Again, it would seem as if Dr. Wood would have done better to have entitled his book the "Physiological Action of Drugs" in relation to clinical medicine. The therapeutics could then have been afterwards applied in a second volume. It is, of course, important to take one step at a time; and then, having gained the confidence of the profession by a systematic treatise on the physiologi-

cal action of drugs, he could very easily have laid the foundation for a rational system of therapeutics in relation to pathology of disease. Having combined the physiological action of a drug with its therapeutical effects, if the first is erroneously founded, the therapeutical application loses weight. There is, no doubt, a real need for a work of this kind, and probably a man of such activity as Dr. Wood will not be disposed to rest satisfied without a revision of a book which has evidently taken a new departure in therapeutics.

The style of writing is certainly very attractive, and much information can agreeably be obtained by the study of this work. We have taken pains to point out some of the defects; not with a feeling of fault finding, but with a desire of helping on the cause which Dr. Wood has espoused, and most heartily recommend our readers to study this treatise carefully, and compare its physiological teachings with their clinical experience. A.

BOOKS AND PAMPHLETS RECEIVED.

Sanitary Arrangements for Dwellings. By William Eassie. London: Smith, Elder & Co. 1874. Pp. 184. For sale by A. Williams & Co.

Observations on the Pathology and Treatment of Cholera. By John Murray, M.D. New York: C. P. Putnam's Sons. 1874. Pp. 58.

Sex in Mind and in Education. By Henry Maudsley, M.D. New York: James Miller. 1874. Pp. 36. 1874. For sale by Noyes, Holmes & Co.

The Electrolytic Treatment of Cancer. By A. D. Rockwell, M.D. (Read before the Library and Medical Journal Association, New York.) 1874. Pp. 12.

Urethrotomy, External and Internal, combined with remarks on the Urethral Calibre. By Fessenden N. Otis, M.D. (Re-printed from the *New York Medical Journal*.) 1874. Pp. 24.

Anatomy of the Invertebrata. By C. Th. v. Siebold. Translated from the German, with Additions and Notes, by Waldo I. Burnett, M.D. Boston: James Campbell. 1874. Pp. 470.

PISTOL BALL THROUGH THE BRAIN; RECOVERY WITHOUT CONSTITUTIONAL DISTURBANCE. By R. F. BALDWIN, M.D., Winchester, Va.—In the spring of 1861, I was called to see a youth, sixteen years of age, who received a ball from the accidental discharge of a Colt's parlor pocket-pistol in the hands of a companion a few feet distant. The ball, about the size of a buck-shot, entered the right frontal bone an inch above the centre of the eye-brow, and, passing through the brain, lodged in the occipital bone near the centre of the occipital cross. I was called in to the case by my uncle, the late Dr. R. T. Baldwin, and in making his examination as to the character of the wound, he introduced a silver probe into the orifice and permitted it to fall (the boy lying upon his back) by its own weight, until it reached the *centre of the brain*, when he cautiously withdrew it, without coming in contact with the ball, showing, conclusively, by the direction the probe assumed and the facility of its passage, that it had passed through the brain and lodged at the point indicated.

Upon the receipt of the shot, the boy fell with tremendous force upon his back, but did not lose consciousness for a moment, but expressed great anxiety as to the result.

As a precautionary measure, the lad being in full health, I bled him some hours after the accident, and his bowels were kept free with a solution of Epsom salts. The wound healed rapidly without the development of the slightest constitutional disturbance, and in ten days he returned to his home in Augusta County, Virginia.

In the spring of 1862, he enlisted in the Federal service, where he remained until the close of the war. He is now residing in Maryland, and as far as I can ascertain, has never been incommoded in the slightest manner by this most extraordinary occurrence.—*Richmond and Louisville Journal*.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 11, 1874.

As we had anticipated, the Annual Meeting of the Massachusetts Medical Society was very successful. The reading of papers began precisely at noon on Tuesday. The papers were, as a whole, very good, and of an eminently practical nature; indeed, the only one that could be called theoretical was of much interest, as the theory it treated of underlies the subjects discussed by several of the other readers. Many of these papers will probably appear in full, but in the meantime a brief review of them may be of some interest.

Dr. Whitney reported a case of Hydro-nephrosis. After a sketch of the pathology of the disease, as described by Rayer and others, the writer gave the history of the case under observation and treatment. The patient was a young man, who had suffered from renal symptoms from childhood. A year ago, a cyst of the left kidney was diagnosed, filling the abdominal cavity to the left of the median line. The cyst was twice tapped, with an aspirator, through the abdominal walls and peritoneum, the fluid evacuated being purulent. Once, subsequently, the cyst refilled, but was discharged by the urinary passages. The patient is now well. The method of treatment by aspiration was commented on as illustrating the harmlessness, as well as the usefulness, of the lately devised mode of puncturing even the large cavities of the body. The paper closed with some general observations on dilated kidney.

Dr. Graham described the practical application and the theoretical *rationale* of Massage, in its various forms of percussion, kneading, friction, champooing, and active and passive motion. He reported cases of chronic rheumatism, rheumatic gout and sprains, in which benefit had been experienced under his observation from this method of treatment.

Dr. T. B. Curtis read a very interesting paper on Cotton-wool Dressings of Wounds, introduced into the Paris Hospitals by Dr. Alphonse Guérin. After a few remarks on the germ theory, the reader described, in detail, the method of applying the dressings. The necessary amount of cotton wool and of bandages is, apparently, enormous; it must be sufficient to allow the bandaged wound to be firmly pressed without producing any pain. As the dressings are not removed for two or three weeks, it is necessary constantly to watch the temperature of the body, in order to detect any unfavorable change. In summing up, Dr. Curtis said that the advantages are, 1st, entire or

partial prevention of pyæmia, erysipelas, and hospital gangrene; 2d, painlessness; 3d, immobility of the parts; 4th, the rarity of the dressings; 5th the transportability of the patient. The disadvantages are, 1st, the great care necessary in watching the temperature; 2d, the slowness of the last stages of healing, and, 3d, the disagreeable odor.

Dr. Hurd's paper was an elaborate criticism of the various germ theories of disease. It evinced great research and comprehensive judgment. After passing in review the various hypotheses which have from time to time had favor, he expressed his belief that it was yet premature to accept any germ-theory in explanation of complex disease, and gave reasons for rejecting the several speculations as insufficient, inconsistent and unsatisfactory.

Dr. S. D. Presbrey, of Taunton, read a paper on Chronic Cervical Endometritis, giving a connected account of the causes and clinical history of the disease. He recommended that special attention should be given to local treatment, applied by means of the speculum. He alluded to the marked success which he had seen follow the application of astringents to the inside of the os by insufflation, for the use of which he gave special directions.

Dr. Goss read a carefully prepared review of the various methods of surgical dressings recently devised. As typical of the extreme degrees to which theories carry surgeons in practice, the writer introduced the occlusive method of Lister, and the open treatment of wounds advocated by Krönlein, of Zurich. Equally good results are claimed by the exponents of the one and of the other method, but both methods are open, in the opinion of the writer, to practical objections. The antiseptic treatment, so warmly advocated by Lister, is complicated, difficult of execution, and wanting in uniform success in its results. The open treatment, on the other hand, has disadvantages in that the wounded part is left without support, and liable to intermediate hæmorrhage, and the chance for prompt healing is practically ignored. Other modes of dressing wounds, less extreme in their methods than either of the above, were touched upon; as, for example, the treatment by submersion, by cotton wool, by iced water applications, and by poultices. After an apt quotation from the old author Bonetus, to show that there is less originality in methods than is generally thought, the writer closed with certain practical considerations, namely, that surgical dressings should have simplicity of form, should provide for proper drainage, and should maintain rest in the injured part.

Dr. Upham's paper, on the late epidemic of Cerebro-spinal Meningitis, was in effect an appendix to his valuable paper in the last Report of the State Board of Health.

Dr Cowles's paper was a strong and able plea for temporary hospi-

tals and tents. The account which he gave of their trial of late years, in various armies, was very interesting. A hospital, he held, should be built so as to have in each ward as much room for as few patients as possible.

Dr. Clarke, of Worcester, gave a valuable contribution to the literature of Empyema, and reported five cases of paracentesis occurring under his own observation.

Dr. Chadwick's paper on Transfusion aimed at showing that writers have, thus far, failed to grasp a true conception of the simple physiological principles involved in the operation. As preliminary to a better understanding, he proposed to divide the cases, where transfusion is applicable, into four groups, the first including cases of excessive hæmorrhage, where every constituent of the blood is lost; the second, cholera, dysentery, perhaps anasarca, and other serous effusions, in which only the watery elements are removed; the third, anæmia, chlorosis, and the like, where the blood is deficient in one or more of its nutritious ingredients; and a fourth class, consisting of pyæmia, septicæmia, uræmia, perhaps phthisis, cancer, &c., where noxious matters are circulating in the blood. He pointed out that the indications to be met differed essentially in the separate categories, and that, whereas, in the majority of instances, blood alone would meet the requirements, in certain conditions we might hope ultimately to discover a good substitute.

The Council met on Tuesday evening. Dr. Cotting was elected President, Dr. Sargent, Vice-president, Dr. Lyman, Orator for the next meeting, and Dr. Stone, of Wellfleet, Anniversary Chairman. The other officers and the members of the standing committees were re-elected. On adjournment, the Councillors went, by invitation, to the house of Dr. Shattuck, where, together with several other members of the profession, they finished the evening in a most enjoyable manner.

At the general meeting of the Society on Wednesday morning, it was voted to concur in the action of the Council in giving the Library of the Society to the Boston Public Library.

At 1 o'clock, Dr. Nathan Allen, of Lowell, delivered the annual oration, which was listened to with great interest.

The dinner in the Music Hall was pretty much like those of previous years. Unfortunately, several gentlemen who had been expected to speak were unable to attend. The Lieutenant-Governor was present, but being obliged to leave very early, merely bowed to the members of the Society, who rose in a body as he left the hall. The Chairman, the President, the retiring President and many others spoke very well. The Rev. Mr. King made an excellent speech, drawing a parallel between the sphere of the clergyman and that of the physician. Dr. S.

A. Green, in a few well chosen words, praised the efficiency of the City Board of Health. Dr. Stone, of Wellfleet, read a humorous poem, which we are forced to reserve for next week. Towards the end of the session, Mr. S. M. Colcord, President of the College of Pharmacy, made a speech on the relations of his profession with that of medicine, which contained so much deserving of consideration, that we give as much of it as our space permits:

MR. PRESIDENT AND GENTLEMEN OF THE MASSACHUSETTS MEDICAL SOCIETY.—You call upon me to respond to sentiments complimentary to the College of Pharmacy, and, as a representative of that body, I am happy to reply, although as a speaker I feel incompetent to the task of doing justice to the subject.

The Massachusetts College of Pharmacy occupies a position of trust and education between your profession and the production and commerce in all articles upon which you rely to combat, alleviate or cure disease.

Commerce is the interchange of commodities or ideas; its governing law is that of *demand and supply*, and is a law as fixed as that of *chemical affinity*. The wholesale drug business is commercial in its character, and is governed by this law; the retail or dispensing business is not, or rather should not be, governed by this law, but by a higher law, a law which governs professions recognizing intelligence, science and art in detail. The apothecary is, or should be, the responsible party to you and the public; he is the party who should make and satisfy the demand for the proper quality, while the physician should make the demand for the article itself.

Whether we like it or dislike it, commerce will furnish any quality demanded; and just here comes in the use of the Massachusetts College of Pharmacy. Its object is to make a demand for educated pharmacists.

I have already said that the physician should make the demand for the article, and if any article is entitled to be called *the article* this is the one; and it is the one, in my judgment, in which the physician should look after the quality. But the object of our institution is not only to make a demand for the educated apothecary, which I think, gentlemen, is more your business than ours; but it is our aim to supply the demand, or make the pharmacist, and certify him to you.

We are endeavoring to raise pharmacy to the dignity of a profession. We believe it to be for the benefit of your profession and the public that this should be done. We believe that the drug business requires it; that great changes have taken place in it, of late years, but not the best changes. We believe that something better ought to greet the view of a customer upon entering a modern drug store than a marble monument suggestive of Mount Auburn, although filled with delicious beverages, or a case of Humphrey's homœopathic specifics, the sale of which is based upon the theory of *no cure no harm*. But the imposing feature of the store is *proprietary medicines*, in which form more than two thirds of all the medicine in this country is dispensed. A demand has been made for them, and commercial apothecaries supply the demand. I have never had time to read the list of all the diseases they are said to cure, and I know of no disease they do not claim to cure. Still, I never could quite understand the necessity of having so many kinds, as I have been positively informed by the discoverer of the original pain-killer that it was the best medicine ever discovered for every disease except worms, and as good for worms as anything else.

But I will not attempt to describe the fashionable drug store, you are all familiar with it; and it lives more by your practice than your preaching. Neither you nor I can change them suddenly if at all; but we can do much to bring forward an educated corps of competent pharmacists, and you all can do a great deal to encourage it, and it is your duty and for your interest to do so.

We now have a school of nearly one hundred young men, earnest workers,

with three good professors, and the school is steadily increasing in numbers, interest and usefulness. We want to do a great deal more; we want a working analytical laboratory, we want a cabinet and library worthy the name, and we want to put ourselves in a position to educate physicians pharmaceutically, to practise intelligently in the country, where there are no good apothecaries. And, gentlemen, we want your aid and influence in this work; we want your aid and coöperation in producing a national pharmacopœia worthy the name; we stand ready to do our part of the work, and you have neglected to do yours.

Mr. President, I have stated that more than two thirds of all the medicine sold in this country is in the shape of patent medicine or nostrums. You may infer, if you please, that this state of things exists from that universal law of demand and supply. I also stated that your Society or ours can do very little toward restraining or controlling traffic in this form; the great bulk of this business has been developed outside of, if not in opposition to, the drug business. The demand for nostrums is created by direct appeals or advertisements directed to physicians and the public, I may say, in spite of apothecaries aid or influence, although all apothecaries supply the demands upon them for these articles. And so great is the demand for them, that one proprietor, in answer to some inquiries I made of him a short time since, wrote to me that he paid the United States government \$120,000 per annum for stamps alone. If you will multiply this amount by 25, it will give you the amount of his sales, retail value \$3,000,000; and if you divide this amount by 3, it might, and probably does, give the yearly income of \$1,000,000, which is more than all the profit on drugs sold in this city in the regular way.

Now, the point I make is this: educate as many honest young men as you will, and let them know enough to be able to get the degree of graduate of pharmacy from the Massachusetts College of Pharmacy, and no one of them ever will, or can, become a successful nostrum proprietor. And this is the policy we, as a college, are pursuing; we attend to our own business, do our work faithfully, and educate our young men not only to do the same, but to look after the men and medicines that are not up to the standard quality, for our own and our customer's protection and benefit, and do not propose for the present to keep houses of reformation for our neighbors or do police duty.

SILK LIGATURES REMAINING UNUSUALLY LONG AFTER AMPUTATIONS.
Dr. J. J. Black reports the following in the *Philadelphia Medical Times* of May 30, 1874:—

"Some time since, I had occasion to amputate a fore-arm for gun-shot wound. I applied four ligatures. Those on the radial and ulnar arteries remained six months. After some time, they become deteriorated and broke off on pulling them. Little abscesses formed, and in about six weeks the knots came away, and left a good stump.

"Again, I amputated a boy's leg at the knee-joint, and the main ligature acted in the same way, but came away at the end of three months, and the stump was an admirable one. I suppose the ligatures must have embraced some tendinous substance, together with the artery; and such cases should teach one to be, as I thought I was, careful in applying ligatures."

The Hospitals.

MASSACHUSETTS GENERAL HOSPITAL.

(Wednesday and Saturday, May 27 and 30, 1874.)

OPERATIONS were performed in the following cases:—Tumor of Breast, Double Hare-lip, Nævus, Painful Stump. During the week, Deformity from

Burns, Dislocation at the Shoulder-joint, Felon, Paraphimosis, Ruptured Perineum; one séance of Lithotripsy in a case of Vesical Calculus.

Chronic Mammary Tumor—of eight months' duration, in a woman twenty-eight years old. It was hard, movable, painful, of the size of an English walnut, and located near the nipple. Excision by a single straight incision of three inches.

Double Hare-lip—in a baby five months old; one fissure had been operated upon successfully, six weeks before, at the hospital. The second one was freshened by excising two V-shaped pieces from each side, the apices pointing from the line of fissure; the raw surfaces were then brought together and secured with silk sutures.

Nævus—occupying the space between the bridge and root of the nose, in a baby eighteen months old. The skin was dissected from the growth sufficiently to permit its strangulation by ligatures without involving the integument.

Painful Stump—of leg, in a man twenty-two years old, from an amputation performed four months before; a fistulous opening, near the cicatrix, communicated with denuded bone. Re-amputation, two inches above the first.

Deformity from a Burn—in a boy four years old. The remaining cicatrices were situated in the scapular region, and also made a web at the posterior border of the axilla, preventing him from raising the elbow. This and other firm bands were made tense by raising the arm, and divided, making an irregular shaped wound, five inches long, over the scapula, and extending into the axilla. This space was filled by a long flap taken from over the deltoid muscle in front. The free borders of the skin were afterwards adjusted, making a wound shaped like the letter L.

Dislocation at the Shoulder-joint—sub-coracoid, in a man thirty-eight years old, caused by falling from a carriage and striking on the shoulder. Reduced.

Felon—one month old, in a man; fistulous openings communicated with necrosed bone. Laid open freely, and the dead bone and flexor tendon removed.

Paraphimosis—in a boy ten years old. Reduced by grasping the prepuce behind the constriction and compressing the glans backwards.

Ruptured Perineum—in a woman twenty-two years old, caused by the birth of her first child, ten months before. She had control over the sphincters. Perineum restored by dissecting off the mucous membrane covering the fissure, and uniting the fresh surfaces by eleven wire sutures.

H. H. A. BEACH.

BOSTON CITY HOSPITAL.

(Tuesday, June 2.)

DR. WILLIAMS removed a large, soft tumor of the upper and outer fourth of the conjunctiva covering the right eye of a man who received an injury there some years ago, after which this appeared, first as a small "pimple," but it has now become a broad, thick, fungous mass, covering the conjunctiva as far back as its reflection to the lid, and as far forward as the edge of the cornea, and laterally occupying about one-fourth of its circumference. It is about one-sixth of an inch in thickness, and a thick fold hangs down over the cornea, totally obscuring vision. It is not adherent, however, and upon lifting it away the cornea is seen to be uninjured, and the sight is good. The growth was dissected away entire, leaving the sclerotic bare. Dr. W. said that, although the loss of conjunctiva was large, as much often occurred from burns, and healed without trouble; there would be no danger of adhesion of the lid, because the palpebral portion was not injured. The growth appeared to be principally granulation tissue, with some doubtful-looking, epithelial masses.

2. *Re-amputation of Finger*.—After the original operation, it was frost-bitten, and since then has grown large and clubbed; the end of the stump was found to contain an elastic, fibrous mass, as large as a hickory nut, firmly growing to the end of the bone. Dr. Ingalls.

3. *Removal of Pistol-ball from Chest*.—The patient was a man, who shot himself that morning, and the missile was found near the edge of the left pectoral muscle, about six inches from its entrance.

4. *Necrosis of great Toe*.—Dr. Homans.

5. *Strabismus, both Eyes*.—Dr. Williams.

6. *Plastic Operation for Hypertrophied upper Lip*.—The inner portion was chiefly enlarged, and a fold of redundant membrane existed on each side of the median line. These were cut away, and the wounds stitched together. Dr. Cheever.

7. *Cleft Palate*.—This was the woman the preliminary operation on whom was reported in the JOURNAL for April 2d. The uvula and soft palate had united well, and now there was a large hole, one and one-fourth inches long, in the roof of the mouth. This the doctor closed by the method recently proposed by Mr. Fergusson, of cutting through both the mucous membrane and the hard palate along each side of the opening, and bringing the two bridges thus made together (having first refreshed the edges of the original opening). This leaves two lateral fissures in place of one broad, central one, which are said to heal readily by granulation. Dr. Thorndike.

8. *Caries of Tibia*.

9. *Necrosis of Tibia*. Dr. Homans.

(Friday, June 5.)

1. *Fistula in Ano*—Cut.

2. *Fistula in Ano*—partly cut, and then tied with elastic cord. Dr. Homans. During the week. Dr. Homans.

Removal of a portion of the Skin of a too-large Scrotum.—It annoyed the patient while walking, on account of its great length.

Amputation of Thigh, for Injury.

By Dr. Williams.—Four cataracts by the median operation. An eye opened for the evacuation of pus, following an injury. Dr. Wadsworth also removed a cataract by Graefe's operation. W. P. BOLLES.

Correspondence.

SUBSTITUTE FOR BINDER.

ROXBURY, May 29, 1874.

MESSRS. EDITORS,—I notice in your last number (May 28th) a recommendation of the obstetric binder to produce pressure in the uterus during labor. A much better plan is that proposed by Dr. Cotting, of passing round the waist a sheet folded like a binder and twisting the ends together during the pains. But the best contrivance is one which I shall venture to call my own, though it may, very likely, have been suggested before. It acts on the principle of directing muscular action, and consists of a sheet twisted loosely in the form of a rope and tied together at the ends. Put the feet into the loop at the lower end and push, grasp the other end with the hands and pull; the power exerted in this way is indefinite; it is the gymnastic paradox of trying to lift oneself, and may be practised, if desired, till the sheet or back gives way. Its effect in labor is surprising, and is immensely appreciated by patients. It brings the body muscles into play. It relieves that distressing sense of helplessness, which all women feel, by enabling them to help themselves. It shortens labor. It saves the use of instruments. Allow me to recommend it to your readers. Respectfully yours,

EDW'D T. WILLIAMS, M.D.

Medical Miscellany.

WE understand that the Boylston Prize Committee have received no essays this year deemed worthy of a prize.

MONUMENT TO LIEBIG.—The subscriptions collected for a monument to the late Baron Liebig amount to about 6,000 thalers.

ICELAND.—The past winter in Iceland is reported to have been more severe than any since 1822. The west coast has been invaded by quite unusual numbers of polar bears, unwilling visitors, drifted thither on floating ice from Greenland.—*Academy*.

A NEW FUEL.—A new combustible material, to which the name of white coal has been given, has been discovered in the Australian continent. It is formed of vegetable fibres matted together, between which a fine sand is found. It is easily inflammable, and gives a brilliant flame. This white coal, discovered in the Antipodes, has not as yet been dug up to any extent, and will doubtless be found useful as a fuel.—*London Medical Record*.

ULCER OF DUODENUM.—At a recent meeting of the Pathological Society of London, a case of ulcer of the duodenum was reported by Mr. McCarthy, occurring in a child who had been burnt over the chest and abdomen. The ulcer was situated below the margin of the pylorus, and another one was found near it. The duodenum was perforated, and glued to the surrounding surfaces by lymph.—*British Medical Journal*.

BARNSTABLE DISTRICT MEDICAL SOCIETY.—The following have been elected the officers for the ensuing year:—

President.—Dr. T. N. Stone.

Vice President.—Dr. G. W. Doane.

Secretary.—Dr. B. D. Gifford.

Treasurer.—Dr. C. M. Hulbert.

Councillors.—Drs. P. Pineo, C. M. Hulbert, G. N. Munsell, W. J. Nickerson, Jonathan Leonard.

Censors.—Drs. G. W. Doane, W. J. Nickerson, P. Pineo, B. D. Gifford.

Commissioner on Trials.—Dr. S. H. Gould.

WORCESTER DISTRICT MEDICAL SOCIETY.—The following have been elected the officers for the next year:—

President.—Dr. J. T. O. West.

Vice President.—Dr. H. Clarke.

Secretary.—Dr. L. Wheeler.

Treasurer.—Dr. J. G. Park.

Librarian.—Dr. L. S. Dixon.

Councillors.—Drs. T. H. Gage, O. Martin, G. E. Francis, E. M. Wheeler, J. M. Rice, W. H. Lincoln, F. W. Brigham, J. S. Ames, Jerome Wilmarth.

Censors.—Drs. E. Warner, A. Wood, G. E. Francis, E. B. Harvey, C. A. Wilcox.

Commissioner on Trials.—Dr. O. Martin.

MIDDLESEX NORTH DISTRICT MEDICAL SOCIETY.—The following are the officers for the ensuing year:—

President.—Dr. Levi Howard.

Vice President.—Dr. D. P. Gage.

Secretary.—Dr. A. W. Buttrick.

Treasurer.—Dr. N. B. Edwards.

Librarian.—Dr. M. G. Parker.

Councillors.—Drs. Levi Howard, G. Kimball, C. A. Savory, N. Allen, J. Spalding, F. C. Plunkett, G. H. Pillsbury, W. Bass.

Censors.—C. M. Fisk, F. Nickerson, L. S. Fox, W. H. Leighton, George Munroe.

Commissioner on Trials.—Dr. John O. Green.

THE MEDICAL SCHOOL OF MAINE.—The course closed on Saturday, June 6th, Prof. Palmer delivering the closing address. The examinations were unprecedentedly severe. There were twenty-seven candidates for degrees, of whom only twenty-one were successful. In other words, twenty-two per cent. were rejected.

We regret to announce that Dr. Robert Amory has resigned the chair of physiology.

HYDRO-CHLORAL BY THE RECTUM IN THE VOMITING OF PREGNANCY.—Dr. D. B. Simmons, of Yokohama, recommends the administration of hydro-chloral *per rectum* to allay the persistent, harassing vomiting of pregnancy. He reports four cases, in which, after the failure of the usual remedies, such as oxalate of cerium, hydrocyanic acid, morphine, &c., the distressing symptoms were made to speedily disappear by the injection of 30 grains of hydro-chloral into the rectum morning and night.—*The Medical Record*.

FORMATION OF TRUE BONE IN THE PENIS.—Dr. J. von Leuhossek, of Pesth, reports (*Virchow's Archiv*, April, 1874) a case of true ossification occurring in the penis, and detected at a *post-mortem* examination of the body of a man aged 42, who had died from typhus fever. The bone, together with a cartilaginous body, occupied the cavernous portion of the organ, originating from the fibrous septum and enveloping the urethra. Small, bony plates have been previously found in the cavernous bodies of the penis by Sigmund occurring always in syphilitic patients.

NOTES AND QUERIES.

MESSRS. EDITORS.—What is the address of the "Supervising Surgeon," to whom application should be made for the "Nomenclature" spoken of in the number for May 28th of this JOURNAL? I have the English work, and want the American also. LIBER.

ANS.—Dr. John M. Wordworth, Washington, D. C.—EDS.

NOTE.

SOUTH BOSTON is a prolific place. Dr. John S. H. Fogg, during twenty-two years' practice there, has attended 3,393 labor cases—one of which was triplets. Of these, one was a living, fully developed nine months' fetus, one seemed to have been arrested at the sixth month of its growth, and the other at the fourth. From their appearance, they might all have been the same length of time *in utero*. D. G.

MARRIED.—At Brookline, June 4th, Washington Benson Trull, M.D., to Mary, daughter of Hon. William Aspinwall, both of Brookline.

MORTALITY IN MASSACHUSETTS.—Deaths in fourteen Cities and Towns for the week ending May 30, 1874.

Boston, 127; Worcester, 17; Lowell, 19; Chelsea, 7; Cambridge, 9; Salem, 10; Lawrence, 15; Gloucester, 15; Newburyport, 6; Somerville, 6; Fall River, 23; Haverhill, 5; Holyoke, 8; Springfield, 3. Total, 270.

Prevalent Diseases.—Consumption, —; pneumonia, —; scarlet fever, —.

GEORGE DERBY, M.D.,
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, June 6th, 117. Males, 54; females, 63. Accident, 4; apoplexy, 1; asthma, 2; inflammation of the bowels, 1; "fistula" of the bladder, 1; bronchitis, 3; inflammation of the brain, 1; congestion of the brain, 2; disease of the brain, 5; cancer, 3; cholera infantum, 1; cerebro-spinal meningitis, 4; cyanosis, 1; consumption, 19; convulsions, 5; debility, 2; diarrhoea, 2; diabetes mellitus, 1; dropsy, 1; dropsy of the brain, 3; drowned, 2; dysentery, 1; diphtheria, 1; epilepsy, 1; "fever," 1; scarlet fever, 2; typhoid fever, 1; disease of the heart, 3; influenza, 1; disease of the kidneys, 3; disease of the liver, 1; congestion of the lungs, 2; inflammation of the lungs, 6; marasmus, 5; old age, 3; paralysis, 3; peritonitis, 3; puerperal disease, 1; rheumatism, 2; suicide, 1; teething, 1; tumor, 2; whooping cough, 7; unknown, 2.

Under 5 years of age, 45; between 5 and 20 years, 13; between 20 and 40 years, 22; between 40 and 60 years, 17; over 60 years, 20. Born in the United States, 87; Ireland, 21; other places, 9.